

# TLC Trial Form CLEANUP.03 Home Clean-up

For clinic use only

Log number \_\_\_\_\_

Center ID: \_\_\_\_\_ - \_\_\_\_\_

Screening ID: S \_\_\_\_\_ - \_\_\_\_\_

Study ID: T \_\_\_\_\_ - \_\_\_\_\_

House ID: \_\_\_\_\_

**INSTRUCTIONS:** The purpose of this form is to document that TLC clean-up activities were performed for a child's residence or that the house already meets certification standards. More than one cleaning may occur for a given residence during the course of the Trial. Therefore, it is important to fill in the House ID (assigned sequentially for each location that is assessed for a child) and the number of times this particular location has been cleaned (expressed in the Visit Code). For example, Visit Code H2-2 indicates that this is the second cleaning of this particular house.

1. **Purpose of assessment** ( )<sub>1</sub> Pre-randomization  
( )<sub>2</sub> Relocation  
( )<sub>3</sub> Routine Follow-up  
( )<sub>4</sub> Other, specify \_\_\_\_\_
2. **Was this house cleaned?** ( )<sub>0</sub> No ( )<sub>1</sub> Yes

## IF THE HOUSE WAS **NOT** CLEANED

3. **Reason house was not cleaned** ( )<sub>1</sub> New construction  
( )<sub>2</sub> House already meets HUD standards  
( )<sub>3</sub> Family refused cleaning  
( )<sub>4</sub> Other, specify \_\_\_\_\_

## IF THE HOUSE **WAS** CLEANED

4. **Date of clean-up** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ mm/dd/yy
5. **Were there any deviations from the TLC Environmental Protocol? If yes, please explain in COMMENTS section below.**  
( )<sub>0</sub> No ( )<sub>1</sub> Yes

## ADMINISTRATIVE MATTERS

6. **Date form completed** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ mm/dd/yy
7. **TLC Staff** \_\_\_\_\_  
Signature \_\_\_\_\_ TLC Code \_\_\_\_\_

## COMMENTS

Send to:  
TLC Data Coordinating Center

Include no identifying information